



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
RN PETITION FOR LICENSE RENEWAL

Missouri State Board of Nursing  
P.O. Box 656  
Jefferson City, MO 65102-0656  
(573) 751-0681  
Text Telephone (TT) 1-800-735-2966 (Hearing Impaired)  
Website: <http://pr.mo.gov>  
Email: [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

FOR STATE BOARD USE ONLY

<input type="checkbox"/> LICENSE INACTIVE <input type="checkbox"/> LICENSE LAPSED	PETITION SENT	NAME		
<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> M.O.		DATE DEPOSITED	CRT	LICENSE SENT

IMPORTANT INFORMATION

This form is to be used once the license has expired.

1. Answer all questions, sign, date, and have notarized.
2. Submit to the board of nursing office with the required fee.
3. Primary state residence means the state of a person's declared fixed permanent and principal home for legal purposes; domicile. Declaring a compact state, other than Missouri, will cause your renewal to be rejected since you can practice in Missouri on your declared compact state license. In addition, the Board reserves the right to seek clarification when needed. primary state of residence is determined by the following documents and you may be requested to submit one or more to satisfy residency requirements:

- (1) a driver's license with a home address;
- (2) voter registration card displaying a home address;
- (3) federal income tax return declaring the primary state of residence;
- (4) Military Form No. 2058 - state of legal residence certificate; or
- (5) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

For more information on the compact, visit our website or the National Council of State Boards of Nursing at <https://www.ncsbn.org/nurse-licensure-compact.htm>.

4. Contact Missouri's approved vendor to schedule an appointment to get your fingerprints taken. Go to [www.machs.mo.gov](http://www.machs.mo.gov) or call 877-862-2425 to register and make your appointment. You will need to provide the vendor with this 4-digit registration number: **0001**. **The name, date of birth and social security number you use to register with MACHS must match that same information on your application to the board. If it does not, you may be required to complete this process again at your expense and this will delay processing your application.** You will pay a fee directly to the approved vendor for this service. Your fingerprints will be used to check the criminal history of the FBI. The Board will use your criminal history solely for the purpose requested and cannot share criminal history record to other entities or agencies.
5. If you answer "yes" to any of the screening questions, it may be necessary for the Board to review your petition for a licensure decision.
6. Application fee is non-refundable. Application is retired and void if requirements for licensure are not met within one year from the date the application was notarized and a new application and fee will be required.

PETITIONER'S PERSONAL DATA

CURRENT NAME (LAST, FIRST, MI) THIS NAME WILL APPEAR ON YOUR LICENSE				DAYTIME TELEPHONE NUMBER	
PRIMARY RESIDENCE (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER'S LICENSE) - PHYSICAL ADDRESS REQUIRED, <b>PO BOXES ARE NOT ACCEPTABLE</b>					
CITY		STATE		ZIP CODE	
MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE) STREET OR PO BOX					
CITY		STATE		ZIP CODE	
DATE OF BIRTH MONTH   DAY   YEAR	SOCIAL SECURITY NUMBER		INTERNET E-MAIL ADDRESS (OPTIONAL-PRINT)		FAX NUMBER (OPTIONAL)
SCHOOL OF NURSING NAME AND LOCATION		DATE OF GRADUATION		DATE LAST RENEWED	MISSOURI LICENSE NUMBER

FAILURE TO ANSWER EACH OF THE FOLLOWING QUESTIONS WILL INVALIDATE THIS PETITION.

SINCE THE DATE YOUR MISSOURI LICENSE EXPIRED HAVE YOU PRACTICED NURSING IN MISSOURI? ☐ YES ☐ NO  
IF YES, DO YOU HOLD AN ACTIVE COMPACT LICENSE? IF YES, LIST STATE(S): ☐ YES ☐ NO

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**

## SCREENING QUESTIONS


**ABSOLUTE AND COMPLETE CANDOR IS REQUIRED.**

**IF YOU ARE IN DOUBT WHETHER OR NOT TO REPORT, YOU SHOULD REPORT IT.**

1. Have you ever been issued a professional license, certification, registration, or permit by any state, United States, territory, province or foreign country? ☐ YES ☐ NO  
**IF YES, IDENTIFY TYPE OF LICENSE, WHEN ISSUED AND BY WHOM.**
- 1a. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? ☐ YES ☐ NO  
**IF YES, PROVIDE A WRITTEN EXPLANATION INCLUDING THE STATE, DATES AND REASON FOR PARTICIPATION.**
- 1b. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion? ☐ YES ☐ NO  
**IF YES, PROVIDE A WRITTEN EXPLANATION INCLUDING THE STATE, DATES, AND REASONS FOR PARTICIPATION AND TERMINATION.**
2. Have you ever been denied a professional license, certification, registration, or permit? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**
3. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**
5. Have you ever voluntarily surrendered or relinquished any professional license, certification, registration, or permit during or following an investigation? (This does not include failing to renew your license or allowing it to lapse for non-disciplinary reasons.) ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**
6. Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed excluding traffic violations? (This includes any crime where the disposition was a suspended imposition of sentence (SIS), or a suspended execution of sentence (SES), or if you pled guilty but were placed in an alternative or diversion court, including drug or DWI court.) ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).**
7. Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? (This includes a disposition of a suspended imposition of sentence (SIS), suspended execution of sentence (SES), or placement in a post plea alternative or diversion court and includes municipal charges of driving while intoxicated, driving under the influence and/or driving with excessive blood alcohol content.) ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).**
8. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception, or malpractice related to your practice as a registered professional nurse? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).**
9. Do you have any condition or impairment, including a history of alcohol or substance abuse that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.**
10. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE THE DISCHARGE SUMMARY OR OTHER OFFICIAL DOCUMENTATION THAT SHOWS YOUR DIAGNOSIS, PROGNOSIS, AND TREATMENT PLAN.**
11. Are you listed on any state or federal sexual offender registry? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY ON A SEPARATE NOTARIZED STATEMENT.**
12. Have you ever been placed on an employee disqualification list or other related restriction of finding pertaining to employment within a health-related profession issued by any state or federal government or agency? ☐ YES ☐ NO  
**IF YES, EXPLAIN FULLY ON A SEPARATE NOTARIZED STATEMENT.**

<b>IMPORTANT INSTRUCTIONS</b>  Before your petition for license renewal will be processed, all questions on this petition must be answered, certified copies of court documents must be attached if required, petition must be signed, properly notarized, and returned with the total amount due (indicated at right). RN licenses expire April 30th of each odd-numbered year. License renewal fees are not pro-rated. If you renew prior to February 1st in an odd-numbered year, your license will expire on April 30th of that year. If you renew after February 1st in an odd-numbered year, your license will expire on April 30th of the next odd-numbered year.	<b>REQUIRED FEE</b>		NAME <b>OFFICE USE ONLY – DO NOT WRITE IN THIS AREA</b>		
	\$50.00 LATE RENEWAL FEE			LICENSE NUMBER	
	FOR YEARS LICENSE WAS LAPSED				<input type="checkbox"/> NAME CHANGE <input type="checkbox"/> UPDATE ONLY
	FOR CURRENT RENEWAL PERIOD			PREVIOUS NAME	
	<b>TOTAL AMOUNT DUE</b>				
NOTE: PLEASE ENCLOSE ONLY ONE (1) CHECK OR MONEY ORDER FOR TOTAL AMOUNT DUE ABOVE.					

**AFFIDAVIT**  
I, THE PETITIONER NAMED BELOW, BEING DULY SWORN, DECLARE THAT I AM THE PERSON REFERRED TO IN THIS PETITION, THAT THE INFORMATION SUPPLIED HEREIN IS IN MY OWN HANDWRITING AND IS TRUE TO THE BEST OF MY KNOWLEDGE, THAT I HAVE READ AND UNDERSTAND THIS AFFIDAVIT; AND THAT THE SIGNATURE AFFIXED HERETO IS MY TRUE AND CORRECT SIGNATURE.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF PETITIONER		DATE
			
	NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
		SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
		NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV9c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).